ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
MAINE 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.
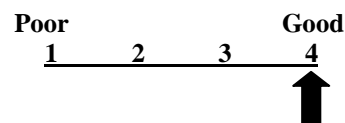
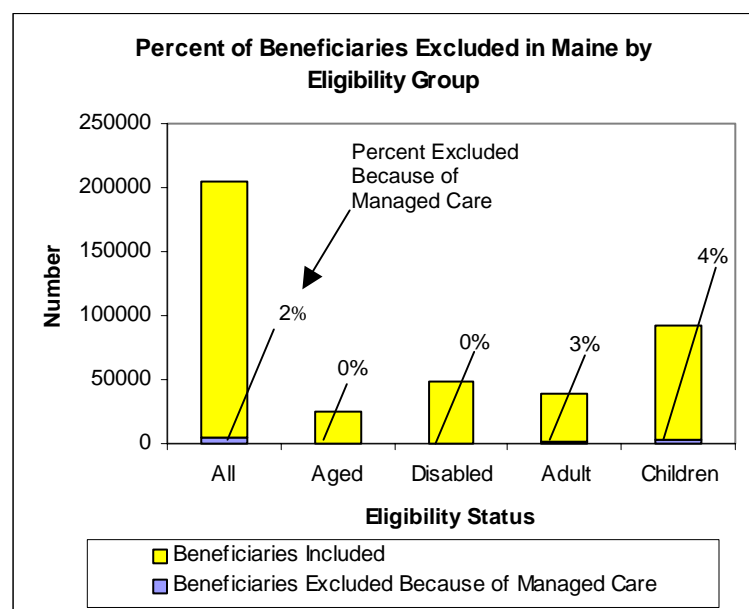| Maine Data Comments |
|---|
| **Diagnosis Codes:** Diagnosis coding on claims was relatively complete, with no known quality problems. |
| **Missing Enrollment:** Maine reported services but no eligibility information for approximately 4,000 people (2 percent of the Medicaid population) in 1999. Since we excluded services provided during months where no enrollment was reported, these tables somewhat understate enrollment, utilization, and expenditures. |
| **Inpatient Days:** Maine's inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average "1" day in length, and explains the other low numbers that appear for some groups on Table 4. |

MAINE DATA QUALITY AND COMPLETENESS

Poor			Good
1	2	3	4

*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS

Percent of Beneficiaries Excluded in Maine by Eligibility Group

Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Maine's managed care exclusions are shown in the graph on the left.

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	204,329	100%	199,703	98%	$1,245,433,527	100%	$1,227,414,363	99%
Age								
0-3	21,399	10%	20,718	97%	$51,940,678	4%	$49,755,716	96%
4-5	9,683	5%	9,308	96%	$28,871,215	2%	$27,631,374	96%
6-12	35,734	17%	34,337	96%	$110,772,131	9%	$106,593,375	96%
13-18	25,985	13%	25,070	96%	$137,888,449	11%	$133,820,142	97%
19-21	9,710	5%	9,480	98%	$41,791,852	3%	$40,813,403	98%
22-44	48,973	24%	48,043	98%	$323,138,040	26%	$319,425,841	99%
45-64	23,266	11%	23,168	100%	$242,963,861	20%	$242,181,448	100%
65 and older	29,559	14%	29,559	100%	$308,059,551	25%	$307,186,309	100%
Gender								
Female	119,431	58%	116,744	98%	$713,413,250	57%	$703,115,642	99%
Male	84,895	42%	82,956	98%	$532,014,179	43%	$524,292,623	99%
Race								
White	198,160	97%	193,705	98%	$1,220,177,481	98%	$1,202,684,757	99%
Black	2,459	1%	2,376	97%	$8,561,182	1%	$8,302,319	97%
Hispanic	587	0%	570	97%	$2,287,111	0%	$2,227,168	97%
American Indian/Alaskan Native	1,655	1%	1,625	98%	$10,307,876	1%	$10,187,972	99%
Asian/Pacific Islander	1,468	1%	1,427	97%	$4,099,877	0%	$4,012,147	98%
Other/Unknown	0	0%	0	0%	$0	0%	$0	0%
Dual Status								
Aged Duals with Full Medicaid	23,778	12%	23,778	100%	$288,582,682	23%	$287,757,661	100%
Disabled Duals with Full Medicaid	17,166	8%	17,166	100%	$224,204,971	18%	$223,989,288	100%
Duals with Limited Medicaid	6,874	3%	6,874	100%	$12,134,894	1%	$12,060,270	99%
Other Duals	408	0%	403	99%	$1,863,010	0%	$1,826,048	98%
Disabled Non-Duals	24,420	12%	24,415	100%	$373,732,979	30%	$372,192,280	100%
All Other Non-Duals	131,683	64%	127,067	96%	$344,914,991	28%	$329,588,816	96%
Eligibility Group								
Aged	24,357	12%	24,357	100%	$271,149,115	22%	$270,281,991	100%
Disabled	48,722	24%	48,717	100%	$635,775,399	51%	$633,973,776	100%
Adults	39,669	19%	38,548	97%	$95,870,349	8%	$91,830,388	96%
Children	91,581	45%	88,081	96%	$242,638,664	19%	$231,328,208	95%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

Table1

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	199,703	39,272	20%	$1,227,414,363	$576,710,029	47%
Age						
0-3	20,718	449	2%	$49,755,716	$5,331,799	11%
4-5	9,308	954	10%	$27,631,374	$12,034,840	44%
6-12	34,337	7,468	22%	$106,593,375	$78,321,696	73%
13-18	25,070	6,456	26%	$133,820,142	$104,846,046	78%
19-21	9,480	1,657	17%	$40,813,403	$20,521,278	50%
22-44	48,043	13,164	27%	$319,425,841	$180,090,697	56%
45-64	23,168	6,029	26%	$242,181,448	$111,353,024	46%
65 and Older	29,559	3,094	10%	$307,186,309	$64,209,987	21%
Gender						
Female	116,744	22,304	19%	$703,115,642	$303,083,780	43%
Male	82,956	16,968	20%	$524,292,623	$273,626,249	52%
Race						
White	193,705	38,347	20%	$1,202,684,757	$564,514,328	47%
Black	2,376	315	13%	$8,302,319	$3,993,462	48%
Hispanic	570	76	13%	$2,227,168	$926,407	42%
American Indian/Alaskan Native	1,625	403	25%	$10,187,972	$5,525,012	54%
Asian/Pacific Islander	1,427	131	9%	$4,012,147	$1,750,820	44%
Other/Unknown	0	0	0%	$0	$0	0%
Dual Status						
Aged Duals with Full Medicaid	23,778	2,861	12%	$287,757,661	$58,943,427	20%
Disabled Duals with Full Medicaid	17,166	6,678	39%	$223,989,288	$124,561,076	56%
Duals with Limited Medicaid	6,874	426	6%	$12,060,270	$3,827,663	32%
Other Duals	403	147	36%	$1,826,048	$1,257,078	69%
Disabled Non-Duals	24,415	9,559	39%	$372,192,280	$212,118,482	57%
All Other Non-Duals	127,067	19,601	15%	$329,588,816	$176,002,303	53%
Eligibility Group						
Aged	24,357	2,401	10%	$270,281,991	$53,089,835	20%
Disabled	48,717	17,184	35%	$633,973,776	$349,088,804	55%
Adults	38,548	6,247	16%	$91,830,388	$33,084,631	36%
Children	88,081	13,440	15%	$231,328,208	$141,446,759	61%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

Table2

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	2,711	7%	92	1%	2,119	11%	500	16%
Major depression and affective psychoses	7,026	18%	1,321	8%	5,081	26%	623	20%
Other psychoses	1,009	3%	55	0%	425	2%	529	17%
Childhood psychoses	577	1%	490	3%	84	0%	3	0%
Neurotic & other depressive disorders	9,992	25%	2,094	12%	6,904	36%	994	32%
Personality disorders	469	1%	82	0%	361	2%	26	1%
Other mental disorders	536	1%	88	1%	319	2%	129	4%
Special symptoms or syndromes	1,034	3%	465	3%	477	2%	92	3%
Stress & adjustment reactions	8,201	21%	5,113	30%	2,932	15%	156	5%
Conduct disorders	2,683	7%	2,370	14%	281	1%	32	1%
Emotional disturbances	1,432	4%	1,388	8%	41	0%	3	0%
Hyperkinetic syndrome	3,588	9%	3,426	20%	157	1%	5	0%
No Diagnosis	14	0%	0	0%	12	0%	2	0%
Total	39,272	100%	16,984	100%	19,193	100%	3,094	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

Table3

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
MAINE, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital — Mental Health Treatment		Total Inpatient Hospital — Mental Health Treatment			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	25	14%	15
	4-5	1	25	0	0	1	0%	25	14	4%	20
	6-12	45	104	42	15	85	3%	63	43	2%	12
	13-18	157	99	188	22	312	11%	63	190	7%	5
	19-21	30	27	56	17	80	7%	22	245	22%	4
	22-44	51	0	566	11	609	7%	10	1,425	16%	5
	45-64	31	0	226	13	253	7%	12	739	19%	7
	65+	32	14	69	1	97	4%	5	688	29%	1
	All Ages	347	62	1,147	13	1,437	6%	25	3,369	15%	5
Male	0-3	0	0	0	0	0	0%	0	31	11%	14
	4-5	4	57	2	3	4	1%	58	16	3%	3
	6-12	150	96	80	15	214	4%	73	86	2%	7
	13-18	221	103	129	24	321	9%	80	104	3%	6
	19-21	44	45	46	17	81	15%	34	31	6%	12
	22-44	61	0	321	8	374	9%	7	534	13%	7
	45-64	31	0	101	7	132	6%	5	434	20%	7
	65+	9	0	19	0	26	3%	0	249	33%	1
	All Ages	520	76	698	12	1,152	7%	41	1,485	9%	6
Total	0-3	0	0	0	0	0	0%	0	56	12%	15
	4-5	5	50	2	3	5	1%	51	30	3%	11
	6-12	195	98	122	15	299	4%	70	129	2%	8
	13-18	378	101	317	23	633	10%	72	294	5%	5
	19-21	74	38	102	17	161	10%	28	276	17%	5
	22-44	112	0	887	10	983	7%	9	1,959	15%	6
	45-64	62	0	327	11	385	6%	9	1,173	19%	7
	65+	41	11	88	0	123	4%	4	937	30%	1
	All Ages	867	70	1,845	13	2,589	7%	32	4,854	12%	5

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

Table4

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
MAINE, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	109	62%	0.04	2.31	2.35	3,559	36%	1.91
	4-5	130	38%	0.02	1.87	1.89	1,231	29%	1.61
	6-12	881	34%	0.14	1.73	1.86	3,107	22%	1.55
	13-18	1,426	49%	0.33	2.09	2.42	2,687	27%	1.78
	19-21	687	62%	0.32	2.90	3.22	1,836	36%	1.96
	22-44	4,292	48%	0.35	2.75	3.10	6,805	28%	1.94
	45-64	1,176	31%	0.33	2.53	2.86	1,649	18%	2.06
	65+	42	2%	0.12	2.00	2.12	178	1%	1.81
	All Ages	8,743	39%	0.31	2.50	2.81	21,052	22%	1.85
Male	0-3	140	51%	0.04	2.09	2.12	4,145	40%	1.99
	4-5	246	40%	0.02	1.73	1.76	1,298	32%	1.65
	6-12	1,635	34%	0.16	1.55	1.72	3,061	23%	1.53
	13-18	1,432	40%	0.31	1.58	1.89	2,103	24%	1.54
	19-21	288	52%	0.79	2.64	3.43	693	26%	1.82
	22-44	1,278	31%	0.53	2.42	2.95	1,837	17%	2.02
	45-64	475	21%	0.41	2.70	3.11	1,167	14%	1.97
	65+	21	3%	0.14	2.24	2.38	124	2%	1.66
	All Ages	5,515	33%	0.33	1.94	2.27	14,428	22%	1.78
Total	0-3	249	55%	0.04	2.18	2.22	7,704	38%	1.95
	4-5	376	39%	0.02	1.78	1.80	2,529	30%	1.63
	6-12	2,516	34%	0.15	1.61	1.77	6,168	23%	1.54
	13-18	2,858	44%	0.32	1.83	2.15	4,790	26%	1.67
	19-21	975	59%	0.46	2.82	3.28	2,529	32%	1.93
	22-44	5,570	42%	0.39	2.67	3.06	8,642	25%	1.96
	45-64	1,651	27%	0.35	2.58	2.93	2,816	16%	2.02
	65+	63	2%	0.13	2.08	2.21	302	1%	1.75
	All Ages	14,258	36%	0.32	2.28	2.60	35,480	22%	1.82

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table5

TABLE 6

PRESCRIPTION PYSCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH

AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP

MAINE, CALENDAR YEAR 1999

Age Group	*Total* FFS Beneficiaries with Any Psychotropic Drug Use		FFS *Mental Health* Beneficiaries with Any Psychotropic Drug Use		FFS *Non-Mental Health* Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	478	2%	53	12%	425	2%
4-5	571	6%	214	22%	357	4%
6-12	4,832	14%	3,646	49%	1,186	4%
13-18	4,480	18%	3,370	52%	1,110	6%
19-21	1,891	20%	1,077	65%	814	10%
22-44	18,481	38%	10,869	83%	7,612	22%
45-64	11,867	51%	5,380	89%	6,487	38%
65+	13,529	46%	2,704	87%	10,825	41%
All Ages	56,131	28%	27,314	70%	28,817	18%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

Table6

TABLE 7

PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 21 AND UNDER* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
MAINE, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	92	45%	77%	23%	7%	3%	51%	5%
Major depression and affective psychoses	1,321	63%	26%	21%	12%	12%	39%	16%
Other psychoses	55	40%	58%	16%	2%	13%	44%	15%
Childhood psychoses	490	24%	18%	13%	1%	11%	19%	37%
Neurotic & other depressive disorders	2,094	52%	7%	15%	1%	6%	19%	29%
Personality disorders	82	29%	15%	9%	2%	17%	20%	41%
Other mental disorders	88	20%	5%	9%	1%	2%	8%	53%
Special symptoms or syndromes	465	23%	8%	10%	0%	4%	9%	54%
Stress & adjustment reactions	5,113	18%	5%	8%	1%	9%	10%	51%
Conduct disorders	2,370	17%	6%	6%	1%	17%	11%	43%
Emotional disturbances	1,388	26%	8%	8%	1%	18%	17%	41%
Hyperkinetic syndrome	3,426	27%	8%	8%	1%	71%	26%	12%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	**16,984**	**29%**	**9%**	**10%**	**2%**	**23%**	**18%**	**51%**

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table7

TABLE 8
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 22 TO 64* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
MAINE, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	2,119	49%	90%	42%	9%	1%	66%	3%
Major depression and affective psychoses	5,081	77%	40%	55%	15%	3%	65%	7%
Other psychoses	425	51%	63%	43%	4%	1%	54%	9%
Childhood psychoses	84	37%	60%	44%	8%	0%	44%	15%
Neurotic & other depressive disorders	6,904	77%	14%	51%	2%	1%	48%	10%
Personality disorders	361	57%	35%	44%	2%	3%	47%	20%
Other mental disorders	319	47%	25%	37%	4%	3%	37%	31%
Special symptoms or syndromes	477	61%	15%	46%	1%	2%	40%	22%
Stress & adjustment reactions	2,932	60%	16%	41%	1%	1%	38%	24%
Conduct disorders	281	44%	40%	39%	4%	0%	41%	19%
Emotional disturbances	41	41%	34%	41%	2%	0%	32%	20%
Hyperkinetic syndrome	157	46%	14%	46%	3%	42%	46%	10%
No Diagnosis	12	75%	17%	50%	0%	8%	50%	8%
Total	**19,193**	**68%**	**32%**	**49%**	**6%**	**2%**	**53%**	**15%**

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table8

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 65 AND OLDER* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
MAINE, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	500	41%	84%	40%	6%	0%	57%	7%
Major depression and affective psychoses	623	74%	51%	54%	16%	1%	71%	5%
Other psychoses	529	46%	42%	43%	1%	0%	43%	21%
Childhood psychoses	3	67%	100%	100%	0%	0%	100%	0%
Neurotic & other depressive disorders	994	74%	25%	61%	1%	1%	57%	6%
Personality disorders	26	42%	58%	35%	4%	0%	46%	19%
Other mental disorders	129	36%	26%	35%	1%	2%	29%	34%
Special symptoms or syndromes	92	52%	41%	53%	0%	1%	48%	15%
Stress & adjustment reactions	156	63%	31%	54%	0%	0%	49%	15%
Conduct disorders	32	44%	63%	50%	6%	0%	53%	6%
Emotional disturbances	3	33%	0%	0%	33%	0%	33%	67%
Hyperkinetic syndrome	5	80%	60%	20%	0%	20%	40%	0%
No Diagnosis	2	100%	100%	100%	0%	0%	100%	0%
Total	**3,094**	**61%**	**44%**	**51%**	**5%**	**1%**	**55%**	**13%**

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Table9